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The Law Making Process of the Fundamental  
Law on Alcohol Management in Japan—  
Understanding Alcohol Dependency and Plans to  
Manage Problems Surrounding Alcohol—

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# The Law Making Process of the Fundamental Law on Alcohol Management in Japan—Understanding Alcohol Dependency and Plans to Manage Problems Surrounding Alcohol—

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## Preface

This paper revisits and analyses the law making process of ‘the Fundamental Law on Alcohol Management’ enacted in 2014 in Japan. This law addresses alcoholic dependency, excessive drinking and drinking by minors and pregnant women. Also the law states actual policies about alcohol management, the responsibilities of the government and local governments. The goals of this law are to protect Japanese people from health damages from alcohol.<sup>(1)</sup> This paper focuses on policies related to alcoholic dependency. Japanese newspapers barely reported this law passed in 2013 at the Diet, presumably because the Diet was then preoccupied debating ‘the act on the protection of specially designated secrets’ and ‘the act on Japanese version of National Security Council’ matters. The law was passed one day before the end of the session. This fact strongly suggests that the law was not considered as one of the important issues. In 2014, when the law was enacted, media reported some possible effects. It is important to reveal the law making process academically for the first time by this paper. At the end of this paper, there are six policy suggestions on solving problems regarding alcohol management.

According to the WHO report in 2005<sup>(2)</sup>, 25 million people suffer from alcohol dependency worldwide. The Japanese ministry of health and labor and welfare (MHLW) revealed patients in Japan amount to 37 thousand and potential patients to be 0.8 million.<sup>(3)</sup> Also, the study group in MHLW estimates annual social damage caused by alcohol to be 1.7 billion dollars for medical treatments, 4.4 billion dollars (three times of the whole liquor tax) of economic damages caused by losing labor efficiency and job losses.

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(1) From the fundamental law on alcohol management.

(2) WHO report, 2005. Global strategy to reduce the harmful use of alcohol, 2010.

(3) Cabinet secretariat ‘patient’s survey (according to categories of disease)’ in 2011.

In Japan, anybody can apply and become a licensed retailer of alcohol, after the deregulations enforced in the 1990's. Today, the license is no longer special admissions from local governments; sometimes it could be bought through the Internet<sup>(4)</sup>. Also, public drinking has never been banned. You can say that Japan is a drinker's heaven.

But no effective political regulation was enacted in spite of such unlimited retailing. Especially, Japanese people got used to excessive drinking and too much drinking in public places. Unlike in most cultures, gulping down alcohol is regarded as a person's sign of strength and bravery. Overall, Japanese culture encourages drinking on a regular basis.

To change the downsides of the culture, the Diet representative coalition, 'the group of Diet members for solving alcohol related problems' (chaired; by congressman Hajime Nakatani)<sup>(5)</sup> started trying to regulate excessive drinking. They collaborated with medical specialists and self-help groups. These groups drafted the bill together. In the beginning, two sides disagreed on the limit of the regulations. The draft was passed in the Diet with unanimous votes in 2013, although regulations of the retail of alcohol and price management were omitted from the law in spite of world WHO's strategies.

In this paper, I will present this law in chapter 1. In chapter 2, I analyze the political process until the law was passed, and in chapter 3, introduce marketing strategies regarding alcohol. Then in chapter 4, status quo of alcohol dependency and methods of treatments are introduced. Lastly in chapter 5, there are six policy proposals to solve these problems.

The law defines alcohol dependency as 'severe health damage by alcohol'. In clinical scenes, there are the new KAST (new guidelines of screening test on alcoholics in a Kurihama hospital) in Japan, or 'ICD-10'<sup>(6)</sup> diagnose by WHO, and other definitions. They are slightly different from each other. The definition under Japanese law is used here in, unless otherwise noted.

## Chapter 1. The Law Making Process and the Law's Effects

Though the first Japanese draft bill aimed to control marketing and retails, one of the reasons why alcohol regulation issues was raised in political debates is the strong advice from the WHO in 2010. WHO launched 'global strategy to reduce the harmful drinking of alcohol' stating the issue as one of the top 4 non-infectious diseases. The general conference required all countries to enact policies according to the strategy. The WHO estimated that 2.5 million deaths per a year are attributable

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(4) From the HP of administrative scriveners.

(5) Organized by 93 Diet members; LDP 56, DPJ 15, Koumei party 7, Minna party 6, other parties 4. (in Nov. 27, 2013)

(6) International Statistical Classification of Disease and Related Health Problems. Approved by the 43rd central committee, 1990. This definition is from 'management of substance abuse, dependence syndrome'.

to alcohol related causes. The WHO encouraged political intervention in the retail system of alcohol and marketing strategy. Limited purchase was recommended such as regulations on the number and places of retailers, regulation on their open hours and days. The WHO suggests marketing should be restricted. As shown above, the Japanese second draft bill had to be rewritten to state that 'no denial of drinking itself' and 'no legal regulations'. The retailers had to be sure that the sales won't be damaged by the regulations. The Japanese alcohol industry was too strong for the Diet members to oppose.

Secondly, I will present the law making process of this law. In 2013, Alcohol Law Network<sup>(7)</sup> was established to draft the bill. The network was an association of 3 academic societies<sup>(8)</sup>, along with the temperance league (Danshu-kai) and ASK (NGO, citizen's league of alcohol and substance problems<sup>(9)</sup>). From academic point of view, the unique process of this law making was the change of jurisdictions. Cabinet Office had jurisdiction at first, then MHLW had it. The switching of jurisdiction was the very first case in administration of laws in contemporary Japanese history.

The fundamental law of alcohol dependency was presented to the House of Representatives on 20th November 2013, approved by the committee on the same day, and approved by the plenary session on 21<sup>st</sup> November. Then it was approved by committee of the House of Councilors on 2<sup>nd</sup> December, and the plenary session on 7<sup>th</sup> December. The law passed almost at the end of the Diet's session (it closed the next day). The delay of debate in the Diet means the law was not considered as one of the most important ones by political parties. This 185<sup>th</sup> session spent much time on the 'the act on the protection of specially designated secrets' and 'Japanese version of NSE', so it was lucky for people who were involved in this issue to see the law pass in the same session it was presented. The law was enacted in July 2014.

This law requires Japanese government and local governments to prevent health damage from alcohol and to support patients who suffer from addiction. Although, it is just a 'suggestion' for governments to regulate manufacturers and distributors of alcohol. The law doesn't even effect on alcohol related business when it comes to changing the quality and quantity of the advertisement due to the power of the alcohol manufactures and distributors. Only they voluntarily enacted regulations on

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(7) Established in 2012, central office was placed at the ASK and Danshu-kai. Member organizations are; ASK, committee concerning addiction problems, Medical institutions for alcohol and narcotic addicts, league against gulping down (IKKI), National MAC, a public cooperation of Japanese temperance league, Nurse's committee of addicts, study group on alcohol dependency, academic society on alcohol related problems, Social worker's network on alcohol problems, Japanese society for neuroscience of dependence, Japanese Medical Societies of Alcohol and Drug Studies, a foundation of Japanese Christians women 'Kuoufuu-kai', Japanese society of temperance and non-smoking, a private foundation for temperance..

(8) Japanese Medical Societies of Alcohol and Drug Studies, The Japanese Society of Alcohol related Problems, Japanese Society for Neuroscience of Dependence.

(9) Registered as NGO in 2000.

advertisements in 2013. In the next chapter, I summarize these voluntary regulations by the industry.

## **Chapter 2. The Marketing of Alcohol**

In 1992, 'the central committee among alcohol related business partners' (gathering of 8 groups<sup>(10)</sup>) established a committee to regulate advertisement. Regulations are always voluntary. These regulations were updated on 1<sup>st</sup> November, 2012.

The biggest change in advertisement was the ban on daytime TV commercials. From 5 o'clock in the morning to 6 o'clock in the evening, TV stations cannot air films showing alcohol bottles or drinking persons. (Introducing companies themselves as advertisement were omitted from this ban.) Then, alcohol manufactures have to stop sponsoring TV programs in the daytime, so some companies which sponsor sports programs in the daytime try hard to appeal their alcohol products by showing beer halls, or introducing the company's history. Also, the programs are required to have more than 70% audiences to be adults. Appearances of actors or animated characters who are popular among minors are banned. TV commercials films of 30 seconds or more, required 2 seconds, for warnings such as 'you have to be over 20 years old to drink alcohol' or 'don't drink too much for your health'.

In spite of voluntary regulations above, the ban has almost no meanings for the train commuters because those regulations don't include advertisements inside trains. Japanese trains have a lot of advertisement space inside trains, one car has almost 100 paper posters in the center aisle and one hundred more on both sides of the car. Japan has been in deep recession for decades, so alcohol related companies have bigger in ratio in advertisements from the morning. Considering thorough ban on tobacco, these regulations are ineffective. Train commuters (more than 90 % of commuters in Tokyo) are exposed with numerous amount of alcohol advertisements every day. This situation is caused by powerful alcohol related companies. The Diet members yielded themselves to such pressure from the industries.

## **Chapter 3 Understanding the Alcohol Dependency**

ICD-10, defines alcohol dependency as 'mental, physical, behavioral, cognitive state which patient regards alcohol more important than ever'. Most patients don't realize their condition, because denial is an early symptom of the disease. For potential patients to recognize that they have drinking problem, there are some tests composed by easy questioners. In Japan, one of the most famous test is 'the new Kurihama test'. People

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(10) Japanese Central Union of Alcohol Manufactures, Japanese Union of Spirits Manufacturers, the Union of Beer Manufactures, Japanese Union of Western Alcohol Manufactures, Central Committee of Alcohol retail, Japanese Society of Wineries, Japanese Society of Western Liquor Imports.

are required to answer questions such as 'can you sleep easily without alcohol?', 'do you drink daytime several times recently?'.<sup>11)</sup>

Treatment of alcohol dependency has two phases. First, hospitalization with withdrawal treatments, awareness of the disease. Secondly, they need to quit drinking for life by attending self-help groups, such as the Danshu-kai or Alcoholics Anonymous. The Danshu-kai is a family based group, on the other hand, AA is individual based anonymous group.

#### **Chapter 4. Alcohol Problems and Japanese Society**

Alcohol causes serious social-economic damages such as drunk driving. Japanese people who have drinking habit (who drinks more than three times a week, more than 200ml) are 34.0% of male, 7.3% of female. The number of people who drink is 52 million male and 39 million female, 91 million in total (about 76% of the adult population) is drinking.

Social damage by alcohol is 6.9% of the gross national medical expenditure. Suicide is encouraged by alcohol. The 21% death by suicides are alcohol related, and among 80% of those people met the standards of alcohol dependency.<sup>(11)</sup> In domestic violence cases, it is estimated that 67.2% of the responsible person was drunk at the time.

It is important to notice that drinking causes traffic accidents. Drunk driving is a serious part of the behavior of the alcohol dependency, so government needs to help them treat their medical conditions. In Japan, though there are no such programs to help drunk drivers to recover from alcohol dependency. Since drunk driving tends to be committed repeatedly, it is the government's responsibility to offer helps for drivers who have drinking problems.

Secondly, mental disease effects on drinking problems are serious, too. Among drunk drivers, 58% of responsible person had a drinking problem, 29.2% people were in condition of alcohol dependency. It is eminent that immediate policy enforcement on these issues to be established.

#### **Chapter 5 Policy Suggestions on Alcohol Related Problems in Japan**

Here, I propose six policies regarding health damage and death caused by alcohol. They are; (i) limiting opportunity to purchase alcohol, (ii) elevate tax on alcohol beverage, (iii) regulations on marketing, (iv) education for young people, (v) introductions for potential patients of medical treatments and (vi) education and medical treatment for drunk drivers, elaborated below.

To limit opportunity to purchase alcohol, we have to restrict times and places alcohol

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(11) S, Shimizu, 'Alcohol and Domestic Violence', Ishiyaku-press, 2003.

is sold. But in so-called 'convenience stores' (Konbini) all over Japan, alcohol is sold 24/7 around a year. Unlike in the U.S. or in the U.K., there is no concept of 'public drinking' in Japan. Any adult can drink wherever, or whenever they please.

Also, the quantity of one bottle of alcohol is the issue. There are huge bottles (more than 2 liters, 0.52 US gallon) of high % alcohol beverage which causes too much and continuous drinking. Whereas the world standard, limits the size to 750 ml (size of one bottle of wine). It is problematic to have too many bars and pubs to offer all-you-can-drink menus in Japan. Regulation on this method of services of offering alcohol have to be stopped to prevent too much drinking.

To combat the low prices of beer and beer-like alcohol beverage, taxation has to be changed for higher rates. In Japan, there are beer-like alcohol beverage (less than 25% of alcohol) for distributors to avert tax. Series of pseudo-beer adds up in the amount of 2.48 million kilo liters per year, close to 2.76 million real beer in 2002. Also, high % of alcohol such as liqueur and Shochu (rice and malt based local hard drinks) are popular among alcoholics because of the tax is significantly low (42% of pseudo-beer). Taxation is an imminent issue.

Secondly, before it is too late, we have to take problematic drinkers to moderate or non-drinkers. As we experienced in the case of tobacco, high prices encourage addicts to quit the substance.

Third, the marketing should be regulated on the purpose of seriously ban on underage drinking. As I stated in chapter 4, alcohol causes social and economic damages. Then, to stop regarding alcohol as an important source of tax revenue, Japanese government must acknowledge the fact that health care costs exceeds alcohol tax income.

The advertisement should be changed from indirect advices such as 'you have to be over 20 years old', to strong facts such as 'drinking causes liver damages and cancer'.

The fourth advice is about education. It is important for young people (especially under age students around 16 to 19 years old) to learn deeply about alcohol. It gives them the way to battle when they have got alcohol problems. Also, to prevent families to fall apart in the air, proper knowledge is required so that people could understand alcohol dependency as a disease, not a lack of self-control or selfishness.

Fifth, to encourage people to treat alcohol dependency properly, self-tests are an important part of the solutions. People who have alcohol dependency are struggling to become, at least, moderate drinkers. If they are misinformed, they are abandoned by families and regarded by society as losers. When they start thinking these conditions as symptom of the diseases, there are many ways to be treated in appropriate medical experts, sometimes for free.

Finally, it is important to recognize that drunk driving is life and death matter for all people. Once committed, drunk drivers have to be educated or medically treated to recognize the seriousness of the problems they are facing. Law enforcements have

to inform people about these conditions, so that they help drunk drivers to become non-drinkers by medical treatments. Drivers must learn that drunk driving often kills people and himself / herself.

## Conclusion

Alcohol dependency is a disease for a lifetime even if it is medically treated properly. It is time for Japanese society to take these issues seriously. Their drinking culture would not let doctors to be involved. But in the future, seriousness have to be educated and widely understood.

We have to listen to (families of) victims about their regrets. Their voices to prevent the same kind of tragedies have to be heard.

My six proposals to solve alcohol related problems have to be heard, too. Because so far, the alcohol related industries have huge influences on the Diet. Therefore, Japanese people need the bravery to combat pressures of powerful companies. It's time to wake up. By changing the policies dramatically, Japan has to stop being the alcoholics' heaven, and has to face the chilling fact.

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